

**SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC.**  
**Grassy Mountain Facility**  
**Inspection Record**

TYPE: **Weekly**  
 FORM: **RW05**

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

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**SAFETY AND EMERGENCY EQUIPMENT**

EQUIPMENT/ STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
SELF- CONTAINED BREATHING APPARATUS (SCBA)	Check for air pressure at least seventy-five percent (75%)				
	Check unit for damage or deterioration				
OVERPACKS AND ABSORBENT SUPPLY:	Check for a minimum of two (2) overpack drums.				
	Check for stabilization or solidification agent supply.				
EMERGENCY SIREN:	Operate siren for ten to twenty (10- 20) seconds.				

Inspector's Name: \_\_\_\_\_ Inspector's Signature: \_\_\_\_\_

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO

REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # \_\_\_\_\_ ( ) NO